LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 568-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

June 27, 1975 — THIS PERMIT EXPIRES

Mr. James Drew — ISSUED TO

Route #1, Roca, Nebraska — ADDRESS

T8N; R7E; Sec. 22, S1/2, NE 1/4

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

12-27-74 $30

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO._____

DATE:_____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 8N ; Range 7E ; Section S½NW¼ 22 ; Block_____; Lot_____; Addition_____.
Street Address_____.

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. of Bedrooms 4+1 Describe:_____
Other Use STABLE ☒
Describe:_____

3. Type of Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Mrs James V Drew
Signature of Applicant (owner or lessee)

Rt 1, Roca, Neb 68430
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;_____
Filing Fee: $ 30.00

2. Site Visits:
Date:_____ by:_____
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐ 12/27/74
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date:_____ by:_____

* System was covered without inspection (Jerry Hood)

FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 568-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8N ; Range 7E ; Section 22 S½ NE¼
   Block _____; Lot _____; Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐
   No. of Bedrooms 4+1. Describe: _____
   Other Use STABLE ☒
   Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

Mrs James K Drew
Signature of Applicant (Owner or Lessee)

Rt 1 Roca, Neb 68430
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 12/27/74. Date Frwd. 12/27/74.
   ACTION: Approved ☒ Disapproved ☐
   Signature: Jerrold C. Hoot

2. Supt. Bldg. Insp.: Date Rec'd. _____. Date Frwd. _____.
   ACTION: Approved ☐ Disapproved ☐
   Signature: _____

3. City or County Engineer: Date Rec'd. 12-27-74. Date Frwd. 12-27-74.
   ACTION: Approved ☐ Disapproved ☒
   Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 8 ; Range 7
Section & ¼ Sect. S½ NE¼ SEC 22
Property Dimensions: 1320 ft. x 2640 ft.
Area: 80 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: JAMES V. + MARILYN J. DREW
7211 BUCKINGHAM, APT. 43
Address LINCOLN, NEBRASKA

Dates of Tests: 6 OCT 74 to 7 OCT 74. Weather: Precip. 0 Temp. 55 F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	30	10-6	1900	10-7	1500	10-7	1829	0	1859	-1.8	+30	1.8	16.7
2	30	10-6	1900	10-7	1500	10-7	1830	0	1900	-0.9	+30	0.9	33.3
3	30	10-6	1900	10-7	1500	10-7	1831	0	1901	-0.9	+30	0.9	33.3
4	30	10-6	1900	10-7	1500	10-7	1832	0	1902	-2.0	+30	2.0	15.0
5	30	10-6	1900	10-7	1500	10-7	1833	0	1903	-1.6	+30	1.6	18.8
6	30	10-6	1900	10-7	1500	10-7	1834	0	1904	-2.5	+30	2.5	12.0

Sum of Percolation Rates 129.1
Average of Rates: 21.5
Mean of Rates: 22.6

James V. Drew
Signature of Person Conducting Test

Address 7211 BUCKINGHAM, APT. 43
Phone: 488-0001

(Do not write below this line)

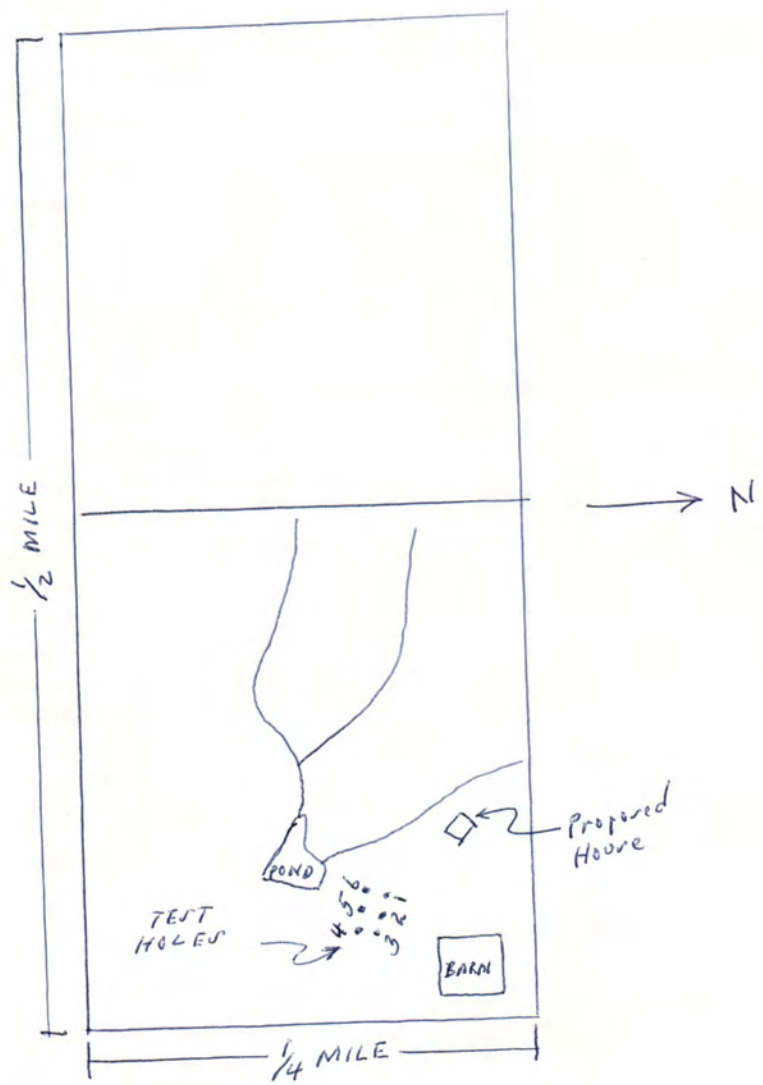
REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

_____
Signature of Reviewing Official



PERCOLATION TEST FOR PROPOSED LAVATORY AND BATH IN BARN

4 Bedroom

1250 gal tanks

4' wide 206' of lateral

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2 bedroom

750 gal tanks

103' of lateral

4' wide